State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services website (Forms page) for additional instructions.

PART I: OVERVIEW							
Department Office/Division/Program:			DHHS/Maine CDC				
Department Contract Administrator or Grant Coordinator:			Chris Moiles Shawn Belanger				
(If applicable) Department Reference #:			CD0-20-5407B				
Amo (Contract/Amendment/Gr		\$1,201,440	Advantage CT / RQS #:				
CONTRACT	Pr	oposed Start Date:	2	4/30/2020	Proposed End Date:		4/30/2021
AMENDMENT		Original Start Date: Previous End Date:			Effective Date: New End Date:		
CDANT		Project Start Date:			Grant Start Date:		
GRANT		Project End Date:			Grant End Date:		
Vendor/Provider/Grantee Name, City, State:			IDEXX Laboratories, Inc. Westbrook, ME				
Brief Description of Goods/Services/Grant:			Procurement of PCR and extraction kits for COVID-19 testing				

PART II: JUSTIFICATION FOR VENDOR SELECTION					
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)					
	A. Competitive Process G. Grant				
	B. Amendment		H. State Statute/Agency Directed		
	C. Single Source/Unique Vendor		I. Federal Agency Directed		
	D. Proprietary/Copyright/Patents		J. Willing and Qualified		
Х	E. Emergency		K. Client Choice		
	F. University Cooperative Project	Х	L. Other Authorization: COVID-19		

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

Because of the emergency need for additional testing, the Department must procure an additional 60,000 test-kits from IDEXX. This is essential to support the volume of testing necessary to help the state reopen.

In the event that additional test kits are needed throughout the duration of this Governor Mill's Civil State of Emergency regarding COVID-19 and the implementation of the plan to reopen the state, this PJF will apply.

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PART III: SUPPLEMENTAL INFORMATION

2.	Provide a brief	justification for the s	selected vendor to	o supplement the r	esponse in Part II.
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IDEXX was originally selected because of their capacity to provide the significant number of test kits to the Department for COVID-19 testing. This procurement is an expansion of the partnership in response to the civil emergency and the national public emergency.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Department examined and considered available options to provide direct increase to testing capacity; this organization was the only one that could support the Department's need. As such, the Department reviewed and negotiated the pricing, which was deemed acceptable in light of the Governor's Civil State of Emergency. The pricing is consistent with the original procurement at \$20 per test-kit.

4.	Describe th	e plan for	future com	petition fo	or the (goods or	services.
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PART IV: APPROVALS					
Signature of requesting Department's Commissioner	By signing below, I signify that I approve of this procurement request.				
(or designee):	1 ° '				
Printed Name:	Bengaman Mann	Date:	9/1/2020		
Signature of DAFS Procurement Official:	Jaime Schorr				
Printed Name:	Jaime Schorr	Date:	9/3/2020		